## PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail Mail Stop ISSUE FEE

Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450

or <u>Fax</u> (571)-273-2885

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.

| CURRENT CORRESPONDENCE ADDRESS (Note: Use Riock ) for any change of address)   |  |   |   | ote: A certificate of mai   | ling can only be used fi<br>milicate cannot be used  | or domestic mailings of the<br>for any other accompanying<br>out or formal drawing, must                                      |  |
|--|--|---|---|---|--|---|--|
|  | 2500   |   | PAP Pa  | ve its own certificate of   | per, such as an assignmentaling or transmission.   | sat or formal drawing, must   |  |
| 121 East Front Street  |  |   | 3 1 2011 w  | Certific<br>ereby certify that this F<br>ates Postal Service with<br>dressed to the Mail Stansmitted to the USPTO | ate of Mailing or Trans<br>ee(s) Transmittal is bein<br>sufficient postage for fir<br>op ISSUE FEE address<br>(571) 273-2885, on the c | emission<br>g deposited with the United<br>st class mail in an envelope<br>above, or being facsimile<br>late indicated below. |  |
| Traverse City, M   | 11 49684   |   | <i>⑤</i> Γ  | Edwark  | J. Tim   | (Depositor's mane)  |  |
|  |  | Ve 7  | PADEMARKO.  | C/  | J. T   | (Signature)   |  |
|  |  |   | . [   | January   | 31,201   | (Date)  |  |
| APPLICATION NO.  | FILING DATE  |   | FIRST NAMED INVENTO   | R AT  | TORNEY DOCKET NO.  | CONFIRMATION NO.  |  |
| 10/645,707   | 08/20/2003   |   | Bruce M. Warnes   |   | MP167D1 8473   |   |  |
| TITLE OF INVENTION: CVD CONDEPOSITION OF A1 AND ONE OR MORE REACTIVE (GETTERING)/ELEMENTS;TO FORMEROTECTIVE?  ALUMINIDE COATING  15.18.49 02  12.15.15.94  303.15.05   |  |   |   |   |  |   |  |
| APPLN. TYPE  | SMALL ENTITY   | ISSUE FEE DUE   | PUBLICATION PEE DUE   | PREV. PAID ISSUE FE   | E TOTAL FEE(S) DUE   | DATE DUE  |  |
| nonprovisional   | NO   | \$1510  | \$300   | \$0   | \$1810   | 02/10/2011  |  |
| EXAMINER ART U   |  | ART UNIT  | CLASS-SUBCLASS  | ss 01/31/2011 HBLANCO1 00000043 10545707  |  |   |  |
| AUSTÍN,  | AARON  | 1784  | 428-652000  | 01 FC:1   | 501  | 1510.00 OP<br>300.00 OP   |  |
| Change of correspondence address or indication<br>CFR 1.363).  |  | n of "Fcc Address" (37  | 4   | patent front page, list"  | <del>581</del> .   | 000488  |  |
| Change of corresponded corresponded corresponded corresponding to the corresponding co | ondence address (or Cha<br>V122) attached.<br>cation (or "Fee Address"<br>2 or more recent) attach           | " Indication form   | ication form registered attorney or agent) and the names of up to   |   |  |   |  |
| 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)  |  |   |   |   |  |   |  |
| PLEASE NOTE: Unless an assignce is identified below, no assignce data will appear on the patent. If an assignce is identified below, the document has been filed for recordation as set forth in 37 CPR 3.11. Completion of this form is NOT a substitute for filling an assignment.   |  |   |   |   |  |   |  |
| (A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY)  |  |   |   |   |  |   |  |
| Howmet Corporation Independence, Ohio  |  |   |   |   |  |   |  |
| Please check the appropriate assignce category or categories (will not be printed on the patent) : 🔲 Individual 🔀 Corporation or other private group entity 🗀 Government   |  |   |   |   |  |   |  |
| 4a. The following feets) are submitted:    Specification Fee (No small entity discount permitted)   Advance Order - # of Copies   The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number (enclose an extra copy of this form).  |  |   |   |   |  |   |  |
| 5. Change in Entity Status (from status indicated above)   |  |   |   |   |  |   |  |
| a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).   |  |   |   |   |  |   |  |
| NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.  |  |   |   |   |  |   |  |
| Authorized Signature   | Eun,   | 1 T-  |   | Date JA   | unary 3  | 31, 2011  |  |
| Typed or printed name  |  |   | MMER  |   | 27402  |   |  |
| This collection of informs in application. Confident submitting the completed this form and/or suggestions.  | ation is required by 37 C<br>iality is governed by 35<br>application form to the<br>basion reducing this but | FR 1.311. The informatic<br>U.S.C. 122 and 37 CFR<br>USPTO. Time will vary<br>idea, should be sent to the | on is required to obtain or 1,14. This collection is est depending upon the indice Chief Information Office Chief Information Office Chief Information Office | retain a benefit by the putimated to take 12 minuvidual case. Any commer, U.S. Palest and Trud                    | oblic which is to file (and<br>tes to complete, including<br>this on the amount of tire<br>emark Office, U.S. Depa                     | by the USPTO to process)<br>g gathering, preparing, and<br>ne you require to complete<br>artment of Commerce, P.O.            |  |

Alexandria, Virginia 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.